



IF YOU HAVE ANY QUESTIONS PLEASE CALL:
PMA CALL CENTER
(888) 476-2669

LOEVY & LOEVY JOSHUA BURDAY
311 N ABERDEEN 3RD FL
CHICAGO IL 60607

ADVICE NO.: 205393244B
ADVICE DATE: 06/10/20
ADVICE AMT: \$4,500.00
PAY PERIOD:
PD TO DATE:
RATE.....:
VOUCHER NO: C106129595
BILL NO....:

ACCIDENT DT: 08/29/19
PAYMNT TYPE:
INSURED....: CITY OF BLOOMINGTON
CLAIM NO...: L003054409
POLICY NO..: [REDACTED]
INVOICE NO.:
INVOICE DT.:
INVOICE AMT:
IRS NUMBER.: 30-0031670-
PATIENT ID.:
INJURED....:

FROM - THRU BILLING CODE DESCRIPTION QTY BILLED AMT PAYMENT AMT REASON

EXPLANATION OF BENEFITS

Payment Type : UNSPECIFIED COST CATEGORY

UNSPECIFIED LOSS COST4500.00

NET AMOUNT 4500.00

Memo: CLAIM L003054409

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

PMA MANAGEMENT CORP.
ON BEHALF OF
CITY OF BLOOMINGTON

ADVICE NUMBER	DATE	ADVICE
205393244B	06/10/20	*****4,500.00

WELLS FARGO BANK N.A.

ADVICE Four Thousand Five Hundred And 00/100 US Dollars

TO THE ORDER OF LOEVY & LOEVY JOSHUA BURDAY
311 N ABERDEEN 3RD FL
CHICAGO IL 60607

THIS IS NOT A CHECK

NON-NEGOTIABLE

****VOID**NON-NEGOTIABLE**VOID****

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